



**RECORDS INVENTORY AND ANALYSIS
WORKSHEET**
INDIANA COMMISSION ON PUBLIC RECORDS
RECORDS MANAGEMENT DIVISION

State Form 1141 (R3 / 8-98)

Agency	Agency number
Division	
Subdivision	

Name of records coordinator	E-mail address	Telephone number
Record series title		FAX number

Description

RETENTION REQUIREMENTS	RECOMMENDED RETENTION
State law / rule _____ years; citation _____	Retain in agency _____ years
Federal law / rule _____ years; citation _____	Retain in record center _____ years
State Board of Accounts audit required? _____	Microfilm and destroy after _____ years
Administrative need _____ years;	Destroy after _____ years
Other _____	Transfer to the State Archives _____ years

Recommended retention (*in sentence form*):

Do any indexes or finding aids exist for these records? If so, please describe them.	QUANTITY OF RECORDS	TYPE OF RECORD
	_____ Letter size drawer(s)	<input type="checkbox"/> Paper
Are these records confidential? If so, please provide a legal reason.	_____ Legal size drawer(s)	<input type="checkbox"/> Original
	_____ 1 cubic foot box	<input type="checkbox"/> Duplicate
	_____ 1 bankers box (2.5 cf)	<input type="checkbox"/> Microfilm
	_____ Index cards	<input type="checkbox"/> Computer
	_____ Other (<i>please specify</i>)	<input type="checkbox"/> Computer Output Microfiche
		<input type="checkbox"/> Other

Date (<i>month, day, year</i>)	Prepared by:
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